Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Alco Bldg. Old De Venecia Highway, Lucao, Dagupan City

POM- -P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Suppiler: SARITA RESIDENCES AND LEISURE MANAGEMENT CORPORATION
Address: Laoag City, Ilocos Norte
Tel.Fax No.: 0917-7700520
Supplier Registered with: 010-386-012-000 V

PO No. 2024_226
Date: 9/16/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Lease of Privately-Owned Venue

Please deliver to this office on September 19, 2024 daysfrom receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	70	pax	AM & PM Snacks, Lunch	1,000.00	70,000.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
			Less:	TOTAL	70,000.00
			VAT (5%/1.12)		3,125.00
			EWT (1%/1.12)		625.00
			PR No. 24-0822-0369 (5029901002)		
			PURPOSE: Consultative Meeting with/Awarding of Health Facilities on PhilHealth Konsulta and other Packages in Region 1	TOTAL - NET	66,250.00

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a confict of interest".
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 70,000

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: CY 2024
Expense Code: 5029901002
Bdget: 70,000.00
Remarks:

Conforme: VICTOR E. RUIZ Date: 9/18/2024
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: MARLON M. ARZADON, M.D.
MO VII / Chief, HCDMD
OIC - ORVP

SEP 16 2024

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
SEP 18 2024
RECEIVED BY: